

2009 Health and Dental Semi-Monthly Rates

Effective from 7/1/2009 (PP 14) through 12/31/2009 (PP 27)

Health Insurance Plans						
(Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs						
Employee Contribution	22.19	55.27	45.91	133.72	135.42	363.99
City Contribution	200.46	499.13	200.52	499.35	200.79	500.04
Total	222.65	554.40	246.43	633.07	336.21	864.03
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs						
Employee Contribution	72.30	180.05	96.04	258.55	185.61	489.00
City Contribution	150.35	374.35	150.39	374.52	150.60	375.03
Total	222.65	554.40	246.43	633.07	336.21	864.03
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs						
Employee Contribution	97.36	242.44	121.10	320.97	210.71	551.50
City Contribution	125.29	311.96	125.33	312.10	125.50	312.53
Total	222.65	554.40	246.43	633.07	336.21	864.03
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs						
Employee Contribution	122.42	304.83	146.17	383.39	235.81	614.01
City Contribution	100.23	249.57	100.26	249.68	100.40	250.02
Total	222.65	554.40	246.43	633.07	336.21	864.03
Dental Insurance Plans						
(Dental premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Delta Dental PPO			DeltaCare HMO		
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs						
Employee Contribution	2.36			None		
City Contribution	44.88			25.05		
Total	47.24			25.05		
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs						
Employee Contribution	13.58			6.26		
City Contribution	33.66			18.79		
Total	47.24			25.05		
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs						
Employee Contribution	19.19			9.39		
City Contribution	28.05			15.66		
Total	47.24			25.05		
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs						
Employee Contribution	24.80			12.52		
City Contribution	22.44			12.53		
Total	47.24			25.05		
Health and Dental In-Lieu Plan Payments						
Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 32+ Hours)						
Payments are made every payday, are taxable, and are subject to withholding						
	Health In-Lieu		Dental In-Lieu			
If eligible for family coverage	221.84		19.95			
If not eligible for family coverage	89.09		19.95			